Mining Health Initiative

Final Report

07/03/2013

This report provides an overview of the MHI and its specific deliverables in Part A and a summary of the final MHI Meeting held at Mining INDABA in South Africa in Part B.

Part A: Overview of MHI and Specific Deliverables

Overview

Between October 2011 and February 2013, The Mining Health Initiative (MHI) undertook a programme of work to document good practice in mining health programming and identify ways to leverage such good practice for a greater public good concentrating on public private partnerships (PPPs). Funded under the aegis of HANSHEP[*] by the Department for International Development (DFID/UKAid), the World Bank International Finance Corporation (IFC), AusAid and Rockefeller Foundation, the project was undertaken by Health Partners International (HPI) and Montrose, in partnership with the Institute of Development Studies (IDS) and the International Business Leaders Forum (IBLF) and aimed to enhance the way in which mining industry public-private partnerships can strengthen health services for underserved populations in sub-Saharan Africa. More specifically, the results were intended to identify potential health PPP investments for the HANSHEP Pilot Health PPP Facility managed by the IFC. MHI worked with its clients and stakeholders to build consensus and to identify models and structures for successful mining health programming that provide good value for money from both the company and public perspective. Despite some modest challenges, MHI catalogued, validated and documented good practice in mining health programming and provided visibility for mining health PPP opportunities in Ghana, Mozambique and Zambia.[†]

[*] Harnessing Non-State Actor for Better Health for the Poor (HANSHEP) is a group of development agencies and countries established by its members in 2010 with the aim of seeking to work with the non-state sector in delivering better healthcare to the poor. Current HANSHEP members include the Rockefeller Foundation, Bill & Melinda Gates Foundation, DFID, IFC, GIZ/KfW (on behalf of the German Federal Ministry for Economic Cooperation and Development), USAID, the World Bank, the African Development Bank, the Public Health Foundation of India and the Governments of Rwanda and Nigeria.

[†] Health Partners International and Montrose International, the Institute of Development Studies and the International Business Leaders Forum are individually and collectively grateful to HANSHEP as well as the many stakeholders met during the course of this work for the opportunity to help mining health programming PPPs realise their potential in practice.

Work Plan

The project work plan entailed a set of discrete phases. The first of these was to conduct desk research and develop an analytic framework for measuring the benefit incidence of the public consequences of private actors, *i.e.,* to whom "public benefits" accrued as a result of private investment. The second included a set of case studies and stakeholder consultations. With the third, focus shifted to development of good-practice guidelines and workup of potential PPP proposals.

- Phase One: after addressing the issues of what constituted a PPP, the first Phase had to overcome the challenges posed by an absence of peer-reviewed published literature. This Phase concluded with the production of the Literature Review and Cost-Benefit Analytic Framework.

- Phase Two: despite enthusiasm among stakeholders at the corporate level, there was a need to work with stakeholders at the site level and accommodate their priorities with scheduling the case studies, resulting in delay in their undertaking. This resulted in an overall positive response giving hope to the prospect of PPP viability. Four Case Studies were conducted in Mozambique, Madagascar, Zambia and Ghana.

- Phase Three: follow-on consultation and planning led to development of country-owned, company endorsed, Concept Notes for mining health PPP projects in Ghana, Mozambique and Zambia. At the Mining Indaba in Cape Town, South Africa, attended by representatives of the three countries, the IFC and DFID, it was agreed that the submitted concept notes provided a basis for the next phase of engagement and programme development by HANSHEP/DFID and IFC. This phase saw the conclusion of a set of documents informed by the programme, the Good Practice Guidelines, Country Consultation Reports and Country Concept Notes.

Specific Deliverables

The table below summarises the set of deliverables produced by the project. The full version of each document can be found at: (www.mininghealth.org)

Table of MHI Deliverables	
1.	MHI Leaflet
2.	MHI Postcard
3.	Literature Review Summary
4.	Analytic Framework Summary
5.	Case Study Methodology
6.	Case Study Zambia
7.	Case Study Madagascar
8.	Case Study Ghana
9.	Case Study Mozambique
10	Good Practice Guidelines
11	Consultation Report – Mozambique
12	Consultation Report – Zambia
13	Consultation Report – Ghana
14	Concept Note- Mozambique
15	Concept Note- Zambia
16	Concept Notes- Ghana
17	End of Project Final Report

Specific Insights

Work undertaken through the course of the project generated a number of insights related to the structure and organisation of mining health programming useful for consideration of how to improve these efforts in term of public as well as private interests.

With respect to the company side of the equation, it was observed early on that many external services ("outside the fence" programmes) were effectively extensions of internal services ("inside the fence" programmes), often planned and managed by occupational health and safety specialists rather than by public health or programme professionals. This, in part, explains some of the less than ideal project designs and frequent lack of attention to baseline information and monitoring and evaluation.

Paradoxically this structural flaw may in some cases create opportunity. As a rule, corporate social responsibility programming amounts to one per cent of pre-tax profits. Health and safety programming "inside the fence" is however typically much more. In circumstances where most "more serious" cases are eligible for medical evacuation, there is a win-win opportunity. If companies can be provided adequate guarantee of quality of care, it may be possible to agree on an expanded range of services to be treated locally and create a cross-subsidy for improved public services.

On the government side of the equation, it was observed repeatedly that officials are ill equipped to serve as interlocutors in many of these relationships. While many governments in sub-Saharan Africa have appropriate policy frameworks in place, few have a developed capacity to promulgate them with policy instruments. Fewer still seem to have tools in place for district health managers to implement policy, and it is extremely rare to find implementation capacity for PPP regulation at the sub-national or district levels. When advised about the responsibility associated with "sectoral stewardship," district health directors on numerous occasions noted their struggle with management of public services, let alone contemplating taking on additional responsibility.

Literature Review—the literature review sought to summarise peer-reviewed as well as grey literature on mining health in line with the analytic framework. The key observation was the relative absence of published literature, outside of promotional work, and the opportunity that addressing this deficiency would provide to those interested in greater programme learning and accountability.

Analytic Framework—the analytic framework sought to provide a base for the development of good practice guidelines for mining health PPPs. It outlined specific considerations of costs and benefits and the public consequences of private actors. It made reference to: country context; stakeholder mapping; governance and policy context; the contribution of mining to community as well as macro-economic development—particularly benefit incidence; and the differential effect of mining on institutions at the national versus local level.

Case Studies—four site specific case studies were undertaken in sub-Saharan Africa. In addition, AusAID funded a national case study with three site assessments in Papua New Guinea. These case studies underscored contextual diversity across countries and sites, but also underscored general tendencies related to relatively weak attention to monitoring and evaluation; opportunity for better alignment with national policy and programming; and the challenges companies face in balancing competing points of view among representatives of different community groups and different levels of government.

Country Consultations—consultations in Ghana, Mozambique and Zambia presented an opportunity to test and refine insights developed through global consultation and case study. The key issues that emerged related to the absence of capacity for national governments to extend policy to decentralised operations and the disequilibrium between companies and government officials when it comes to timing, resources and action.

Country concept notes—further consultation in Ghana, Mozambique and Zambia with participation of IFC led to identification of specific PPP opportunities in each country.

Good Practice Guidelines—were the culmination of the Mining Health Initiative's work, concisely summarising the project's findings.

Part B: Summary of Final MHI Meeting at Mining INDABA, South Africa

A range of issues emerged during the course of the project, which crystallised during the planning workshops leading up to the final MHI meeting on 4 February 2013 at Mining INDABA in Cape Town. For the three participating countries - Ghana, Mozambique and Zambia - the main messages were:

<u>Ghana</u>

- For technical reasons, a request has come from the Ministry of Health/Ghana Health Services that any further effort on the ground commence with a "strategic assessment" to better "place" the current PPP prospect; and

- For reasons related to Ghana's recent economic growth, including its burgeoning mining and energy sectors, the government is keen that the development of any

specific PPP is used to formally assessing key bottlenecks in policy/operations environment.

Mozambique

- With new mining prospects becoming viable on a regular basis, representatives of the Government of Mozambique see the current moment as a window of opportunity despite their relative inexperience; and

- Although the Ministry of Finance has an evolving view on PPPs other relevant governmental agencies are less informed—there is a pressing need to develop a shared understanding across relevant stakeholder groups.

Zambia

- For political as well as technical reasons, a request has come from the Ministry of Health/Ministry of Community Development, Woman & Child Health that any further effort on the ground commence with a "strategic assessment" both to better "place" the current PPP prospect and to galvanise interest;

- The as yet incomplete delineation of responsibility between the Ministries of Health and of Community Development, Woman & Child Health may lead to some delay in formal sign off on any next steps; and

- Both the government and the companies are very keen that any future work includes the Zambian Health Alliance as the point of engagement with the private sector.

In conclusion, the Mining Health Initiative has documented the enthusiasm for health PPPs and their potential in several African countries. However, the MHI has also revealed how some governments are struggling to optimise PPPs within national healthcare systems and strategies. In response to country demand, the IFC will consider how to support national and sub-national institutions on new mining health PPPs and how they fit with broader health delivery programmes. The IFC will also advise each country on support available as part of the HANSHEP Pilot Health PPP Facility.

As the HANSHEP supported work of the Mining Health Initiative comes to a close, there is palpable enthusiasm among state and non-state actors alike for greater efficiency and effectiveness that will come with better coordinated and better harmonised mining health programming.